Considerations for Peer Support Services in Crisis Care Protecting role integrity for the peer support worker is an important consideration in crisis care. Role confusion and ambiguity around the duties and functions of peer support workers is common and may lead to peer drift. The role of peer support workers can “drift” in different directions depending on organizational and individual situations, circumstances, and culture. Peer drift may result in peer support workers not being considered a legitimate part of the support team and can inadvertently cause insecurity around one’s role as a peer support worker.27

The two broad categories of peer drift include:

**1. Organizational peer drift.**

Organizational peer drift often occurs when non-peer colleagues marginalize peer support workers, which can result in assigning tasks that misalign with their dedicated duties and responsibilities. This form of peer drift may occur if non-peer staff are not familiar with the role, code of ethics, and scope of practice of peer support workers under their state certification, as applicable. As a result, clinical staff or other colleagues may not regard the peer support workers as individuals with meaningful knowledge and resources and give them tasks that conflict with their purpose. In these situations, clinical colleagues may ask peer support workers to handle medications, oversee urine drug screens, transport individuals, answer the phone, or be involved with involuntary treatment. They may also be asked to do tasks for which they are not qualified, such as those associated with formal treatment, or may become more clinical in nature if they are required to conduct such services. SAMHSA’S mission is to reduce the impact of substance use and mental illness on America’s communities. 1-877-SAMHSA-7 | (1-877-726-4727) • 1-800-487-4889 (TDD) • WWW.SAMHSA.GOV 9ADVISORY

**2. Individual peer drift.**

Individual peer drift is when the peer support worker acts in a role that differs from that which is intended. This form of peer drift may occur when peer support workers’ tasks inadvertently take on characteristics of their colleagues (drifting towards a clinical role) or are perceived as a form of other support by the individuals with whom they work (drifting towards an informal or casual role). For example, because peer support services are rooted in the concept of mutuality and voluntary support, boundary issues may arise between peer support workers and those they support. Over time, this relationship may become less structured and more casual, which can cause the individual they are working with to view them as a sponsor, friend, or informal therapist. Similarly, peer support workers who work in traditional behavioral health care or medically oriented settings may adopt a more clinical approach to service provision through the practices of their clinical colleagues. Individual Peer Drift and the Role of Peer Support Workers Peer support workers who work in traditional behavioral health care or medically oriented settings may be more susceptible to drift towards clinical roles because of the environment in which they work.8 However, peer support workers may also drift towards less formal roles.

Programs can avoid both forms of individual peer drift by setting and maintaining healthy boundaries and implementing a clearly defined code of ethics.

**What Peer Support Workers Should Do**

● Serve as a role model.

● Provide support during a crisis.

● Help with goal setting and wellness planning.

● Make connections with other services and supports.

**What Peer Support Workers Should NOT Do**

● Perform work that does not meaningfully contribute to care.

● Act as a sponsor, therapist, or clinician.

● Assess, diagnose, or treat an individual.

● Assimilate into other roles.

Peer support workers who provide crisis care may be especially vulnerable to peer drift, as they often work alongside clinicians or others in non-peer roles. For example, colleagues of peer support workers in crisis care may ask them to influence an individual experiencing a crisis towards behaviors or decisions that others feel are best, such as agreeing to a treatment option they do not want. Peer support workers who experience these situations may have decreased job satisfaction, contributing to issues with workforce retention.

To avoid peer drift, peer support workers who provide crisis care should have a defined role that reflects the setting in which they work and the services they provide. They should also work with and be supervised by staff who are familiar with the peer support role and the services they provide. Staff responsible for supervising peer support workers should meet the necessary experience and training requirements to ensure successful integration of the peer role and promote and the appropriate utilization of peer support workers within the organization. Additional resources on the supervision of peer support workers can be found in the Resources section. Figure 3 lists additional considerations for peer support workers.

All considerations presented may be compounded by challenges unique to providing crisis care, including the following: ● Crisis situations can be tense and complicated to manage. In addition, crisis situations may trigger distress in peer support workers and others responding to the crisis because of past trauma they themselves experienced. SAMHSA’S mission is to reduce the impact of substance use and mental illness on America’s communities. 1-877-SAMHSA-7 | (1-877-726-4727) • 1-800-487-4889 (TDD) • WWW.SAMHSA.GOV 1